

## STATE OF SOUTH DAKOTA CLASS SPECIFICATION

**Class Title: Disability Claims Senior Examiner**

**Class Code: 10532**

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### **A. Purpose:**

Makes disability determinations for initial claim applications and continuing claims cases by receiving applications, interviewing claimants, obtaining and reviewing medical and vocational information, and preparing case reports to determine if the applicant is disabled, the extent of the disability, and if compensation is warranted.

### **B. Distinguishing Feature:**

Disability Claims Senior Examiner reviews continuing disability claims applications and obtains information to continue and make or terminate disability determinations. This position does not supervise, but may act as a team leader and participate in training new staff.  
Disability Claims Examiner reviews initial and reconsideration disability applications.  
Disability Claims Specialist directs and participates in disability claims quality assurance reviews and evidentiary hearings.

### **C. Functions:**

*(These are examples only; any one position may not include all of the listed examples nor do the listed examples include all functions which may be found in positions of this class.)*

1. Obtains and analyzes medical and vocational information for evidence in eligibility determinations to ensure eligibility of clients receiving disability payments.
  - a. Receives information from claimants.
  - b. Requests additional medical, psychiatric, vocational, and related information from the claimants' physician, treating facility, or other agencies reviewing the information.
  - c. Interviews claimants, physicians, employers, claimants' friends, relatives, legal representatives, institutional staff, and other service agencies by telephone or when they come to the claims office to gather pertinent and necessary information to substantiate claims and to gather necessary information.
  - d. Confers with medical consultants and supervisory consultants to resolve complex problems with claims or medical evidence.
2. Makes a decision on eligibility for Social Security, Supplemental Security Income, or South Dakota Retirement system disability benefits to provide necessary services to eligible claimants.
  - a. Explains program criteria and basis for determination to claimants, their representative, and public officials.
  - b. Reviews medical and vocational information referring to medical consultants with problems in interpreting the severity of medical or psychiatric conditions.
  - c. Determines the employability factor of the claimant.
  - d. Screens applicants for possible referral to Vocational Rehabilitation.
  - e. Interprets program criteria and the basis for decisions to claimants, their representatives, and public officials.
  - f. Reviews requests for reconsideration of adverse decisions or for jurisdiction, obtaining additional information as necessary.
  - g. Reviews previous cessation decisions due to recent federal court decisions affecting a group of claims with a common factor.
  - h. Investigates continuing disability cases to obtain current evidence in determining if clients are still eligible for benefits.

- i. Advises beneficiary of proposed termination of benefits or offsets to benefits as necessary and reviews additional information provided by claimant to deter the termination or reduction in benefits.
  - j. Prepares written reports or summaries of findings, explaining the medical and vocational facts of the case, the statutory requirements, the occupational base of the claimant, and identifies the documentation used in making disability decisions.
  - k. Determines the need for future reviews based upon knowledge of the impairment and the potential for changes in claimant status and sets the review dates.
3. Requests consultations or examinations for claimants to obtain medical or vocational evidence essential to ensure the accurate determination of eligibility.
4. Performs other work as assigned.

#### **D. Reporting Relationships:**

Typically no subordinates report to this position, but the incumbent may provide training to new claims examiners and distribute and review work completed by clerical staff.

#### **E. Challenges and Problems:**

Challenges include making accurate and verifiable disability claims determinations; maintaining effective working relationships with clients and medical, vocational, and social agency staff; recognizing an alleged or undiagnosed symptom complex; explaining, to treating physicians, why their opinion about a patient's disability does not result in an allowance decision; and obtaining complete and accurate data from variety of sources to aid in making proper determinations.

Problems include dealing with hostile claimants in cessation of disability benefits or in areas of ineligibility determination.

#### **F. Decision-making Authority:**

Decisions include determining the need for medical and vocational information and obtaining that information, determining the extent of investigations, and determining claimants eligibility for disability benefits and vocational rehabilitation.

Decisions referred include more difficult benefit payment arrangements, compromise settlements, the need for and conducting of quality assurance reviews or evidentiary hearings, and policy changes concerning claims settlements or determinations.

#### **G. Contact with Others:**

Daily contact with physicians, medical staff, and the vocational rehabilitation office to obtain evidence and with disability claims medical staff, claims specialists, and supervisors to resolve claim questions. This position also has daily contact with claimants, relatives, employers, and social security offices to obtain or provide claims information.

#### **H. Working Conditions:**

The incumbent works in a typical office environment.

#### **I. Knowledge, Skills and Abilities:**

Knowledge of:

- medical, psychological, and vocational resources and requirements;
- medical terminology and medical concepts applicable to tests and procedures used in diagnosis and treatment;
- rehabilitative and other social service agencies;
- functional limitations of physiological and psychological impairments;
- terminology relating to disability claims determinations; medical insurance claims processing; laws, regulations, and legal proceedings related to disability determinations;
- the claims adjudication process.

Ability to:

- read and understand medical and other reports, extract pertinent facts, and recall them with a minimum of review;
- organize and maintain records, prepare reports, and complete other caseload management functions;
- apply analytical thinking and deductive reasoning to arrive at a reasonable judgement;
- interview and deal tactfully with others;
- make accurate disability or continuation of benefits determinations;
- review abstract material and draw conclusions;
- communicate sufficiently to gather information from physicians and medical staff and facilities to make a determination of eligibility.